

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

40 County Grundy
 Township Madison
 City _____ (No. _____)

Registration District No. 326
 Primary Registration District No. 67452

812
 File No. 74
 Registered No. 62
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 67 yrs. 5 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Elliott</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 6 - 1857</u>		
7. AGE <u>74</u>	YEARS <u>4</u>	MONTHS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) <u>20th of Jan. 1931</u>		11. Total time (years) spent in this occupation <u>35 years</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>Thomas Elliott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
15. MAIDEN NAME <u>Margaret Harper</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wagoner Co. Ohio</u>		
17. INFORMANT (ADDRESS) <u>Geo. Elliott Route 5 - Trenton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery at Edenburg</u> DATE <u>Jan 10</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Ben C Davis Trenton Missouri</u>		
20. FILED <u>Jan 12</u> , 19 <u>32</u> <u>Anna M. Price</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8- 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to 1-8, 1932
 I last saw him alive on 1-7, 1932 Death is said to have occurred on the date stated above, at 7:45 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Rectum
46C 46D 46E
46F 46G 46H
 Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none ①
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) OR Rogers, M. D.
 (Address) Trenton Mo

